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ORIENTATION TO ORIGINAL

EPSDT

TRAINEE WORKBOOK

TRAINING GUIDE A

Orientation Training for Workers in the Early and Periodic Screening, Diagnosis and Treatment Program

SPECIAL NOTE

Since the Child Health Assessment Act of 1977 (CHAP) is currently pending in Congress, the requirements of this new legislation have been reflected in the final editing of this document.

HE 22.11:Or 9/wbk

ORIENTATION
TO
EPSDT

TRAINEE WORKBOOK

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1 III

These training materials along with six information booklets have been prepared for use in the Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. These materials were prepared for the Health Care Financing Administration, United States Department of Health, Education, and Welfare by the EPSDT Training Materials Development Project at the University of Michigan, a collaborative effort of the School of Public Health (Department of Medical Care Organization and Program in Maternal and Child Health) and the School of Social Work (Program for Continuing Education in the Human Services). Project Co-Directors are Eugene Feingold, Ph.D., Armand Lauffer, Ph.D., and Ruben Meyer, M.D. All products were prepared under grant number 47P 90036/5-01 from Public Services Administration, Office of Human Development, U.S. Department of Health, Education, and Welfare, under authority of Section 426 of the Social Security Act.

Additional copies of this and other project materials are available from the U.S. Department of Health, Education, and Welfare, Health Care Financing Administration, The Medicaid Bureau, Office of Child Health, Washington, D.C. 20201

Pages 1-104 can be found in "Orientation to EPSDT, Training Guide A, Trainer Instructions." Pages 105-127 in this Workbook are extracted from Trainer Instructions for use by Trainees.

INTRODUCTION

This workbook contains worksheets and handouts to accompany some of the exercises in which you will take part during EPSDT orientation training. The workbook is yours to write in and to keep as a reference when you return to your job.

Not all of the exercises require written materials. In some cases, your trainer may conduct activities not included in the workbook. Those activities do not require additional materials.

Exercise
No. 1

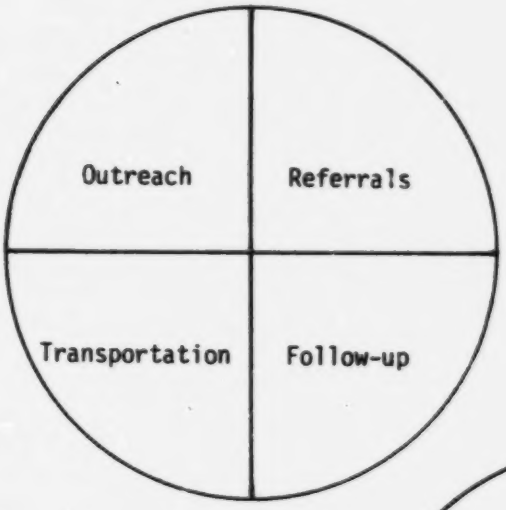
WORKSHEET

PICTURING MY JOB

Instructions:

Draw a "picture of your job" in the shape of a pie, or a cake, or a donut, including the services you deliver or the activities you perform. Your pie might look like this:

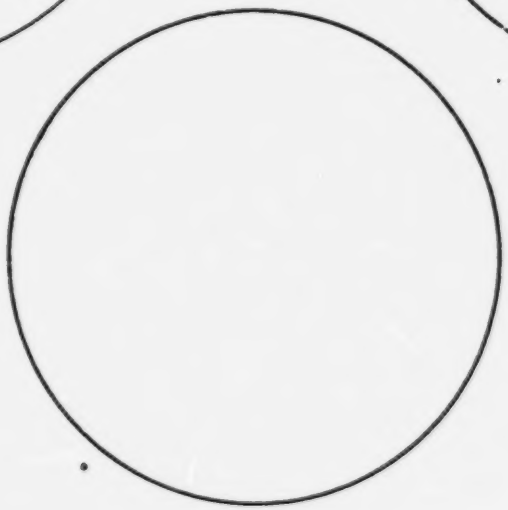
Local EPSDT Worker



or....

Local Social Services Worker

or....

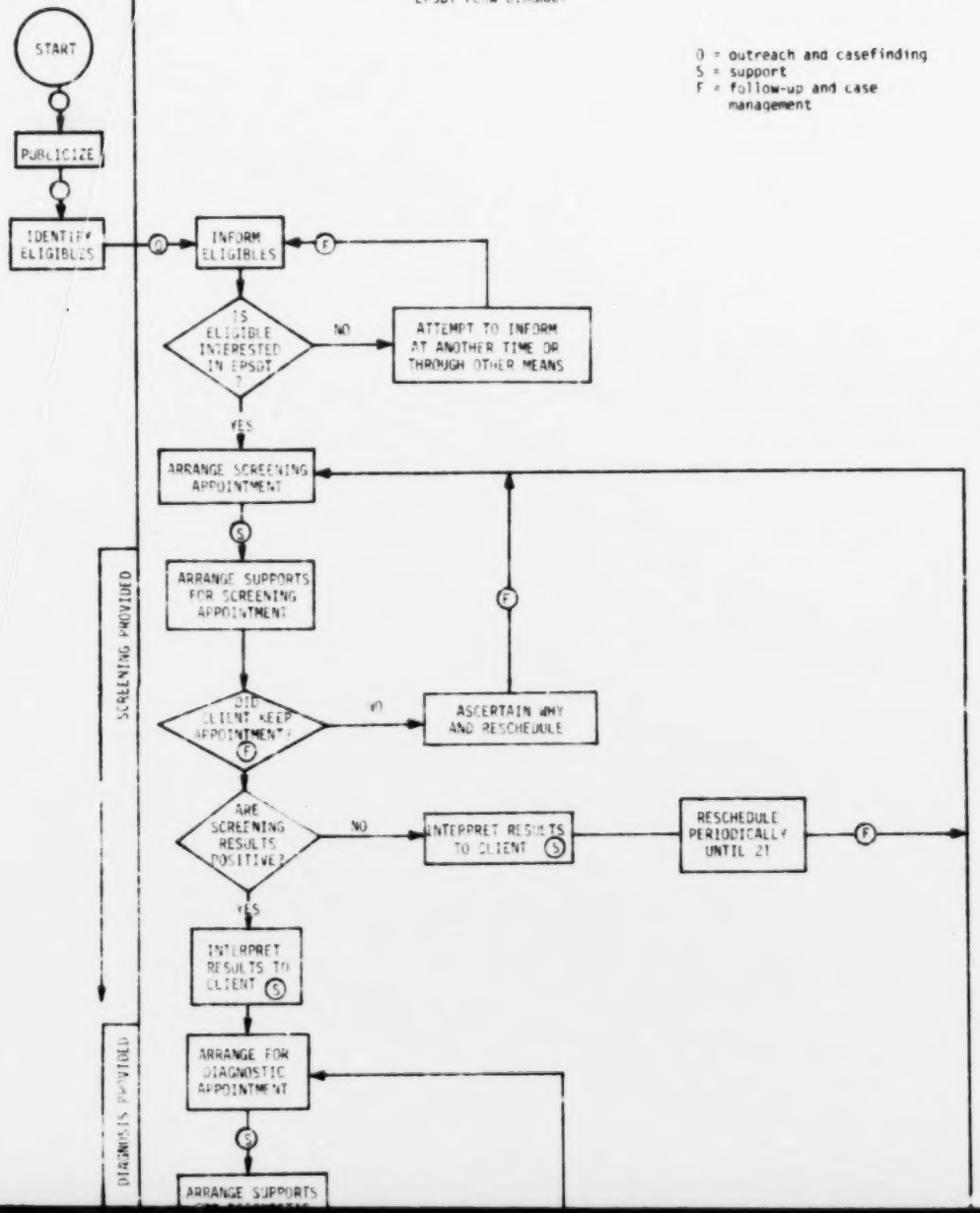


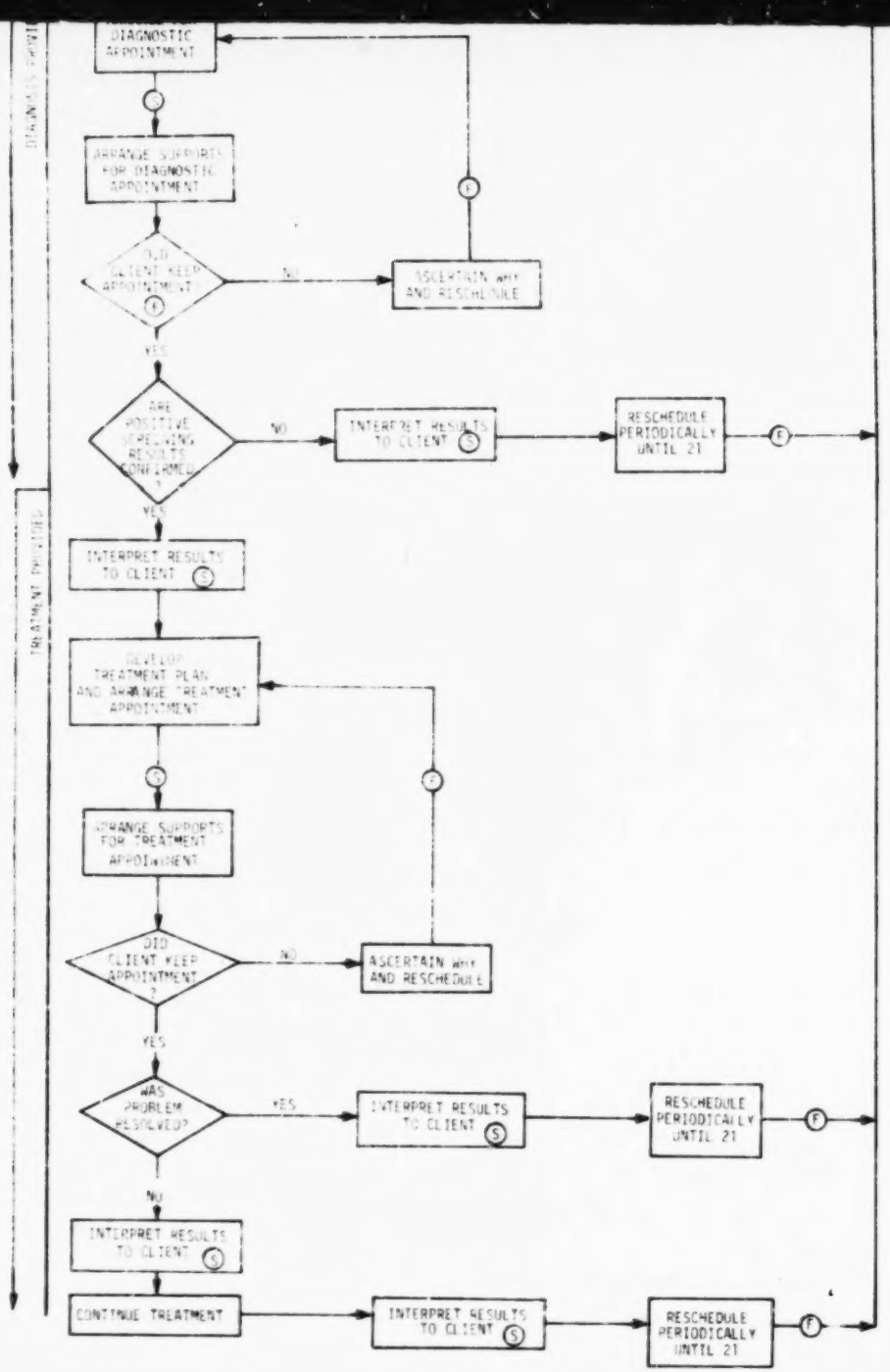
Exercise No. 2

HANDOUT

EPSDT FLOW DIAGRAM*

O = outreach and casefinding
S = support
F = follow-up and case management





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*Adapted from John L. Simon and Patricia McArdle, A Self-Instructional Module for EPSDT: Marketing EPSDT to Clients. Harvard School of Public Health, 1975.

Exercise No. 3

WORKSHEET

INTRODUCTION TO TASK ANALYSIS

GOAL	OBJECTIVE (specific and measurable)	TASK (WHO does WHAT to WHOM and WHY)
Outreach/ Casefinding	Publicize EPSDT on a radio program	I make arrangements with KJCK to do the program. The EPSDT supervisor decides what to say on the program. Mary and I write the script because we want it to be in our own words.
	Inform 50 eligible clients in a one month period	
Support	Get a teenage client to an 8:00 am appointment	The teenager asks a neighbor if she can have a ride into town when the neighbor goes to work.
Follow-up/ Case Management	Contact every client after a scheduled appointment	I will keep an information system so I know when the appointments are scheduled. I will set aside an hour every morning to make sure there is time for this objective. I will go to clients' homes if they can't be reached by phone.

Exercise
No. 5

HANDOUT

PREVENTION

1. Mr. Walker*

Mr. Walker is a welfare worker who didn't understand the EPSDT program or how it works. One of his clients, Mrs. B., had a two-year-old boy. Mr. Walker was reluctant to suggest the EPSDT program because he didn't want to appear ignorant; and, of course, Mrs. B. didn't know about the program.

When John started school four years later, a squint was noticed; one eye was lazy and turned in. He could see with his good eye but because he had only one working eye he couldn't see three dimensions or perceive depth. He is having trouble learning to read, and his teacher has told Mrs. B. he is a slow learner. He will never be able to get a driver's license or work at jobs that require depth perception.

2. Manuel Ingran*

I selected training as a jet engine mechanic when I volunteered for the U.S. Air Force. After my military service, I planned to work at a big metropolitan airport where jet mechanics are paid high wages.

But I couldn't pass the entrance physical examination because I missed my Sabin oral polio doses as a kid and have a slight weakness in my arms from the mild case of polio I had in August, 1971.

Also, when I was three years old, my feet were so flat that my heel bones tilted 30° from vertical. So each year I needed a wider and wider pair of shoes. Now they say I have "platter foot" because the width of each of my feet is almost as great as the length.

I missed out on becoming a jet engine mechanic!

GOALS OF PREVENTION are:

- to STOP health problems from becoming worse;
- to PREVENT some health problems from occurring;
- to CURE an illness;
- to MINIMIZE the effects of some medical difficulties.

*Adapted from John L. Simon and Patricia McArdle, A Self-Instructional Module for Marketing EPSDT to Clients. Harvard School of Public Health, 1975.

GOAL: Community Outreach

Exercise No. 7

WORKSHEET

GETTING THE WORD OUT

OBJECTIVE (specific and measurable)	WHO	WHAT	to WHOM	and WHY

Exercise No. 8

HANDOUT

PUBLICITY FACT SHEET

1. What EPSDT is. EPSDT stands for Early and Periodic Screening, Diagnosis and Treatment. It is a preventive health care program for eligible children and youth.

2. WHO is eligible. (varies by state)

3. How much it costs. EPSDT is available without cost to eligible children and youth.

4. EPSDT is voluntary. No one must participate if s/he doesn't want to.

5. Need for early detection of disease or disability. Many health problems, if caught in time, can save needless suffering and prevent permanent impairment.

6. Content of screening visit. Children are screened for such things as dental, visual and hearing problems, anemia, lead poisoning, sickle cell trait, tuberculosis, physical and emotional development, and more.

7. How EPSDT works. Screening appointments are usually arranged by an EPSDT worker from _____.

8. Many use own source of medical care. Clients may use their own doctor or clinic for EPSDT screening if state policy permits.

9. EPSDT is available on a continuing basis. To maintain good health care, periodic rescreenings are part of the EPSDT program.

10. Includes diagnosis and treatment. Health screening by itself is not enough. EPSDT also provides for diagnosis and treatment services--all available without cost to eligible children and youth.

11. For further information, contact: _____.

_____

Exercise
No. 9

WORKSHEET

ELIGIBILITY CRITERIA

In order to receive EPSDT services a person must be:

1. Under 21 years of age.
2. Eligible under the state's Medical Assistance Program (Medicaid).

People who fall into this group may be in some or all of the following categories depending upon state law and regulations.

( ) 1. Children from low income families who receive cash grants from the state as part of Aid to Families with Dependent Children (AFDC).

( ) 2. Children in families who receive Supplemental Security Income (SSI).

( ) 3. Children in families which are eligible for case grants but have not applied for the grants.

( ) 4. Children in foster homes or private institutions for whom the state has some financial responsibility.

( ) 5. Children in public institutions.

( ) 6. Children in unemployed father families.

( ) 7. Children in families above the financial limits for cash assistance, but classified as "medically needy" and eligible for Medicaid benefits.

Put a check in the box before each group which is eligible for EPSDT in your state.

Exercise
No. 9

HANDOUT

Public Assistance ("Welfare"):

Cash and other assistance provided to families with dependent children (AFDC) in all states. In some states other groups may be covered. In the past certain adult groups such as the blind were included under public assistance, but are now covered under Supplemental Security Income (SSI) (see below).

Medicaid:

Medical assistance available to certain categories of low income persons in medical need. Authorized under Title XIX of the Social Security Act (1965). Eligibility and benefits for Medicaid vary among states.

Medically Needy:

A term used in some states to describe those whose income is above minimum required for public assistance payments, but who need medical care.

Medicare:

A federal health insurance program for all eligible persons 65 years or older with uniform benefits. This program is different from Medicaid in that it is an entirely federal program and eligibility benefits are uniform throughout the country.

Supplemental Security Income (SSI):

Aged, blind and disabled people who have little or no income and resources receive payments under the federal program of Supplemental Security Income. The federal program replaces the former state-federal programs of public assistance for these three groups (old age assistance, aid to the blind, and aid to the totally and permanently disabled).

GOAL: Identify Eligible Clients

Exercise No. 9

WORKSHEET

DETERMINING ELIGIBILITY

OBJECTIVES	TASKS
Identify children in public institutions	I will obtain a list of all public childcare institutions in my area. I will contact each institution and explain the availability of EPSDT. I will obtain a list of all children in each institution.
Identify children in families who receive AFCD	
Identify children in "medically needy" category	

Exercise No. 10

HANDOUT

INVENTORY OF COMMON EPSDT SCREENING PROCEDURES

Screening For	Purpose
MEDICAL HISTORY	The medical history is the first step in assessing health status. It provides a profile of a child or youth's previous health care and describes any previous health problems.
PHYSICAL EXAMINATION	The physical examination helps the screening staff discover those diseases and health problems for which no standard screening tests have been developed, including evidence of child abuse and/or neglect. The examination includes a complete head-to-toe inspection, blood pressure, temperature measurement, and observation of movement and coordination.
IMMUNIZATION STATUS Diptheria, Lockjaw (Tetanus), Polio, Measles (Rubeola), German Measles (Rubella), Mumps, Whooping Cough (Pertussis)	A check on immunization status is done to ensure that every child is protected from preventable diseases at the earliest possible age. If a child has not been immunized or has fallen behind in her/his immunization program, immunization may be provided at the screening visit.
DENTAL DISEASE TREATMENT	Since it can be predicted that almost all children will need dental diagnostic and treatment procedures, a component of dental services is included in EPSDT to assure access to dental care, to establish a permanent dental record, and to refer the child back to the dentist for periodic evaluation and treatment.
EYE PROBLEMS	Eyes are examined to detect visual impairments which could interfere with the development and education of the child.

Screening For	Purpose
HEARING	Hearing is checked to identify children who have reduced hearing sufficient to interfere with their social life and educational achievement.
GROWTH ASSESSMENT	Children are measured and weighed to help identify diseases or conditions which interfere with normal growth; for example, undernutrition or neglect.
DEVELOPMENT	Developmental assessment (an appraisal of the child's progress in terms of defined milestones of organic and functional development) is used to identify children who significantly differ from the average in psychological, neurological, emotional, or physical development. When problems are discovered, referral is made to remedial or compensatory services.
TUBERCULIN SENSITIVITY	In populations where tuberculosis is present, a test for tuberculin sensitivity is used to discover tuberculosis infection. Infected children should be treated.
BACTERIURIA	A urine specimen is examined to identify individuals who have urinary tract infections but no symptoms. Undetected urinary tract infections can lead to permanent kidney damage.
ANEMIA	A blood sample is drawn and analyzed to identify iron-deficiency anemia which may result from poor nutritional practices.
LEAD ABSORPTION	Blood lead level is assessed to prevent disability and death from lead poisoning and to alert public health officials so that they can find the source of the lead poisoning.
SICKLE CELL	Sickle cell is a genetic condition of the red blood cells found among black people. A mild form is called sickle cell trait and a severe form is called sickle cell anemia. People with sickle cell anemia are referred for the relief of symptoms. People with sickle cell are given information and counseling to help them make informed decisions about reproduction.

Exercise
No. 11

HANDOUT

HANDY GUIDE TO EPSDT

1. Preventive health screenings can eliminate tragic disabilities later in life.
2. EPSDT makes good health care available to children whose families could not otherwise afford it.
3. EPSDT is available without cost to eligible children and youth.
4. EPSDT is voluntary.
5. If they choose, clients can use their usual sources of medical care for EPSDT screenings, diagnosis and treatment.
6. Transportation and child care services are available to help clients arrange and keep their EPSDT appointments.

Exercise
No. 12

WORKSHEET

This worksheet is provided for any notes you want to make about presenting EPSDT information to clients. Note the settings and the specific clues to look and listen for as you try to promote your program.

Setting	Clues
THE WELFARE OFFICE (including the Medicaid or EPSDT unit; the waiting room, etc.)	
A CLIENT'S HOME	
A PROVIDER'S OFFICE (including doctors, dentists, clinics, other social services)	
OVER THE PHONE	

Exercise
No. 12

HANDOUT

TELEPHONE COMMUNICATION CHECKLIST*

A phone call may not produce the best results, but when you do call a client, do you:

YES	SOME TIME	NO	
			1. Greet caller or person called pleasantly?
			2. Identify yourself properly?
			3. Ask if convenient to talk?
			4. Explain purpose of your call?
			5. Ask client to write down important data, i.e., appointment time, dates, addresses, phone numbers? Explain waits?
			6. Maintain a pleasant tone of voice?
			7. Empathize and/or sympathize with client's problem?
			8. Listen?
			9. Use the client's full name often and pronounce it correctly?
			10. Offer to take the message for absent co-worker?
			11. Leave word with switchboard where you are going and when you will return to your desk?
			12. Keep pencil and paper handy?
			13. Repeat agreements reached before ending the call?
			14. Speak directly into transmitter?
			15. Anticipate data you may need and have it handy?

*Keep this by your desk for a handy reference.

Exercise No. 12

HANDOUT

WORKING IN DIFFERENT SETTINGS

Setting	Advantages	Disadvantages
IN WELFARE OFFICE (including Medicaid/EPSDT unit, waiting rooms)	Saves worker's time All necessary information is readily available May seem like a more official program	Client may feel threatened Client may not be able to get there Welfare Office may have a bad image for some clients; this may rub off on EPSDT programs
OVER THE PHONE	Saves worker's time Gives client more distance; room to make a sensible decision	Impersonal Easier for client to say no Many clients don't have phones Non-verbal communication is out
IN CLIENT'S HOME	Saves client's time Client feels more comfortable Shows worker's interest because extra effort is made	Requires extra effort of worker May be noisy, too many distractions from children, etc.
IN OFFICE OF SOME OTHER SERVICE PROVIDER	May be easiest place to contact some clients EPSDT may have more positive image if related to another service in this way Can utilize support of other service provider	May not be an available setting May be noisy, no place to have a discussion
AT GROUP MEETING OF EPSDT ELIGIBLES IN SOME OTHER SETTING	Can reach a number of eligible clients at once Clients may be less threatened in a group Some group members can help convince other of benefits of EPSDT	More difficult to answer individual concerns Some group members can discourage others

Exercise
No. 14

HANDOUT

SCENARIO - APPROPRIATE RESPONSES*

Worker: (to self, approaching door) I hope Mrs. Cox is home today. It's important that I talk to her. (knocks confidently)

Client: (opening door) Hello. What do you want?

Worker: Hello. I'm looking for Mrs. Cox.

Client: I'm Mrs. Cox.

Worker: Hello, Mrs. Cox. It's nice to meet you. My name is _____, and I work at the Welfare Department. I want to talk to you about a health program available without cost for your children. (without hesitation, and enthusiastically)

Client: All right, come on in.

Worker: Thanks.

Client: Well, what about my children?....

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*Adapted from John L. Simon and Patricia McArdle, A Self-Instructional Module for EPSDT: Marketing EPSDT to Clients. Harvard School of Public Health, 1975.

Exercise
No. 15

HANDOUT

USUAL QUESTIONS ASKED BY CLIENTS

1. Why take the kids to the doctor before they are sick?
2. I have been taking my children to the doctor regularly for years. Why should I go to a new place?
3. How much does it cost?
4. What's in it for me?
5. Do I have to participate?
6. Who does the screening tests?
7. What are these screening tests? What do they mean?
8. How are we supposed to get there?
9. Who will look after the other children when I go off to a screening appointment?
10. Can't I just take the kids to my regular doctor?

    Can you think of more questions?

11.
12.
13.
14.
15.

Exercise
No. 15

HANDOUT

PROMOTION CHECKLIST*

(What to include in an EPSDT interview)

1. The need for early detection of disease or disability.
2. What happens at a screening visit; relate to possible needs of client's children.
3. After screening, the need for diagnosis and treatment.
4. The importance of periodic rescreening.
5. EPSDT is a service available without cost to elegible children and youth.
6. EPSDT is absolutely voluntary.
7. Clients can use their usual source of medical care for EPSDT services.
8. Transportation and child care can be arranged if necessary.

*This information might also be used as a checksheet for workers to make certain they have covered the important facts when speaking about the program to other workers or community groups, as well as to clients. The information on this sheet also provides the basics for a fact sheet that might be made into a poster or advertisement of the program.

Exercise
No. 20

HANDOUT

RESOURCE FILE

3 x 5 Card Format:

Front

Name of Organization/Agency/Person/Group/etc.

Address: Phone:
Contact Person(s):
Eligibility Requirements:
Financial Arrangements:
Special Information:

Back

Services Offered: Description:
1.
2.
3.
4.
5.

Looseleaf Format:

Name of Organization/Agency/Person/Group/etc.

Address:
Telephone:
Contact Person(s):
Services Offered: Description:
1.
2.
3.
4.
Eligibility Requirements:
Financial Arrangements:
Special Information:

GOAL: Follow-up/
Case Management

Exercise
No. 21

WORKSHEET

TASK ANALYSIS

OBJECTIVES (clear and specific)	TASKS (Who does what to whom and why)
Recontact Mrs. Lee who was unsure about EPSDT on the first contact.	
Reschedule a diagnostic appointment for Brenda Wase who missed her scheduled appointment.	
Arrange a screening appointment for Jimmy Barrett who was screened a year ago and now is scheduled to be screened again.	

Exercise
No. 22

HANDOUT

SAMPLE FOLLOW-UP PLANNING SHEET
(From Follow-up Notebook)

Month: May Date:	Client	Purpose	Check If Taken Care Of
1			
2	Jill Johnson	Did keep treatment appointment?	
3			
4			
5	Kopeck children	Did keep screening appointment?	
6			
7	Bobby Bliss	Did keep diagnostic appointment?	
8	Roy Pickering	Is mother now interested in EPSDT?	
9	Morton family	Now interested in EPSDT?	
10	Margaret Spencer	Did keep screening appointment?	
11			
12			
13			
14			
15			
16	Mary and Martha McNeil	Rescheduled appointment arranged?	
17			
etc.			